



Fresh Start: Finding Mental Health Help for Kids

by Constance Wilkinson

Well, the biggest problem I see is that the parents who most need to find help for their kids (and themselves) aren't the people who are reading this article.

If you're reading this article, your heart and mind are already in the right place. Wanting to do better as a parent, wanting to learn, ready to act, ready to change.

So really, when we're talking about finding help for kids, we're talking about how to help two pools of parents: the ones who are ready and willing to acknowledge problems, and those parents who just are not there yet and may never be.

Those in the latter group wind up dealing with the mental health system somewhat against their will, referred by schools due to kids' behavioral or academic problems, referred by DCF, perhaps referred by the courts. This group often has an aversion to the very ideas of mental health, therapists and therapy. They may have a socio-political bias against medication and/or treatment and are often difficult to engage, having been dragged into individual and family therapy kicking and screaming.

Those in the former group are ready and willing to do whatever it takes to help their kids, and it's these parents who may seek out assistance navigating the mental health care system in Massachusetts. A recent series on WBUR entitled "[Are the kids all right?](#)" demonstrated just how challenging it can be to seek and find the right help for one's child, even for dedicated, educated, deeply-involved parents.

I'd like to take this opportunity to advise each of these groups, the ready-to-changers and the "get-out-of-my-life"-ers. My approaches are completely contradictory.

To group one: trust your instincts. To group two: don't trust your instincts – especially when they're knee-jerk reactions, handed down carefully from generation to dysfunctional generation.

TRUST YOUR INSTINCTS

Seek out and find a therapist with whom you feel comfortable, one who listens to you and listens to your child, who has experience in the relevant clinical area, who has a sense of humor, and who is unafraid to set limits – with you, with your child, and with collaterals.

Don't step back and passively accept whichever clinician an agency assigns you. Be pro-active. Find out about their training and expertise. Do your homework.

With the changes made after the Rosie D. lawsuit (Rosie D. vs. Romney, 2006), child and family psychotherapy in Massachusetts is being packaged differently. Some of these changes are not necessarily for the best, clinically-speaking.

There is now an increased emphasis on "in-home therapy," and a shift away from expertise being vested in individual clinicians with superior technical experience to a model that is outwardly collaborative (not that there's anything wrong with that), team-meeting-oriented, and is often chaired by people who are at the start of their careers.

If your insurance permits, try to find a clinician in private practice rather than someone at an agency. Clinicians in private practice tend to be more experienced and more creative. Agencies are where new graduates go to accumulate the hours for their licensure. If you must use an agency, gravitate toward licensed clinicians. Ask around first: someone you know will know someone who knows someone who has had a good agency experience. Find them.

In-home therapy can be useful at times, but it can also set the stage for traumatic re-enactments of already entrenched negative patterns of communication in an environment already contaminated by conflict.

Bringing a child or a family or an adult into a neutral therapeutic setting, on the other hand, can create a safe space in which to work. When or if there is conflict, the "war zone" can be left behind at the therapist's office, and home remains the refuge it should be.

The crucial point is for a parent to trust his or her own instincts. If meetings and sessions seem useful and

productive, then do your best to help that process on. If something seems off, if your child seems not to be doing better after giving an intervention a real try, then bring it up in team or with your clinician.

Be ready to let that go if it really isn't working. Try something else, do something different. Let yourself be creative as a parent. Know your child and keep on learning about your child. Develop a mutual dialogue. That's your best bet.

DON'T TRUST YOUR INSTINCTS — IF/WHEN THEY'RE KNEE-JERK REACTIONS.

I'm betting no one to whom this applies is reading this article, but I'm going to speak to this group anyway, just for philosophical balance.

Your child — and your family — have been referred for therapy. Someone in the system has noticed a problem even if you, so far, have not. If others are noticing symptoms and behaviors that have flown under your radar, that's a wake-up call for you. It's not something to be resented, it's information you need to help your child.



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Sure, maybe your family of origin stretching back over six generations would rather die before admitting there was/is ever a problem, but now is not then. Better to notice what's happening than to remain in denial. If you can't see a problem that others can see, take it as a sign you may need assistance. If people who work with your child think your child might do better with some help, listen to them.

Don't shove things under the rug because that's what you're used to, a strong pattern of the past. A crisis can be an opportunity to do things differently in your family, and to achieve a different — and much better — outcome.

Once you come to the realization that there may be a problem, and that your family may need help, you have joined parental group one, above, and you can take it from there. Once you drop your general mis-trust of therapy, go back. And trust your instincts.

The most important tool a parent has is his or her ability to provide unconditional positive regard for a child, while setting firm and healthy limits and expectations. If you're unable to provide unconditional positive regard, for whatever reason, you must learn to provide it. Work on it. If you're unable to set firm and healthy limits and expectations, you must learn how to do so. Practice until you really get the hang of it.

It is a privilege to be a parent, a privilege that is not to be abused. Sadly, as a society, our requirements for driving a car are far more stringent than for becoming a mother or father. The American Society for the Prevention of Cruelty to Animals was founded long before child welfare agencies.

We expect parents to know how to care for their kids right from the get-go, spontaneously, not bothering to educate, not bothering to mention skill sets that could easily be applied.

We don't talk about neglect and abuse of children by their caretakers and parents, although we see it

explicitly and sadly on the news every day. We don't discuss the solemn responsibility of raising children.

Having a child, or having another child, is not just like picking up an extra gallon of milk at 7-Eleven. It's a privilege and a duty that lasts a lifetime, one that demands that we always do for our children the very best we can.

We can learn to do that. We all can.

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